

STATE OF NEW JERSEY
DIVISION OF PENSIONS AND BENEFITS

PO BOX 295
Trenton, NJ 08625-0295

Full Name of Pensioner

Retirement System and Retirement Number

Home Address

Social Security Number

POWER OF ATTORNEY

I hereby make, constitute and appoint _____, of
Name

_____, County of _____,
Address

State of _____, as my true and lawful attorney in fact.

This agreement shall give _____ the special power and
Name

authority to endorse in my name and cash all checks payable to the undersigned pursuant to retirement from the

_____ and issued by the Division of Pensions and Benefits under
Name of Retirement System

Account No. _____, and apply the proceeds of said checks toward my support, maintenance and
comfort in whatever manner, in his/her sole discretion, as _____ may decide.
Name

The Division of Pensions and Benefits shall not be required to inquire as to any circumstances concerning the disposition and use of the
proceeds of retirement checks which are endorsed by my attorney in fact in accordance with the foregoing authority.

I agree for myself and my legal representative to indemnify the Division of Pensions and Benefits against any loss or damage that may be
sustained through relying on the authority of this agency during or after termination thereof, by operation of law or otherwise, including the
period before any actual notice of such termination is received by the Division of Pensions and Benefits.

The authority granted by this agreement shall not be affected by my physical or mental incapacity subsequent to its execution, however,
should a Guardian be appointed to act on my behalf, this agreement shall, on the date of that appointment be rendered null and void.

The agent's authority shall remain in full force and effect until the Division of Pensions and Benefits shall receive written notice of my death,
or appointment of a guardian or of my revocation of such authority.

Signature of Pensioner

Date

State of _____

County of _____

Sworn and subscribed before me this _____ day of _____, 19 _____

Signature of Notary Commissioner of Deeds _____

Official Title _____

ACKNOWLEDGMENT

I, _____, as agent of the aforesigned principal, am familiar with the rights and
responsibilities conferred upon me as his/her agent by the special power of attorney.. I further certify that I will promptly notify the Division
of Pensions and Benefits, in the event of the death of the principal, appointment of a guardian for the principal or of any revocation of my
authority to act on his/her behalf.

Signature

Date

**CASH RECEIPTS AND DISBURSEMENTS SECTION
NJ DIVISION OF PENSIONS AND BENEFITS
PO BOX 295
TRENTON NJ 08625-0295**

ALTERNATIVES TO SIGNING YOUR PENSION CHECK

Pension checks must normally be signed by the pensioner in order to be cashed. However, there are some exceptions, as listed below:

DIRECT DEPOSIT TO YOUR BANK ACCOUNT

A pensioner's monthly pension check can be deposited directly to their bank account. To arrange for this, the pensioner and their bank must complete a special direct deposit form available only from the Division of Pensions and Benefits. To obtain this form, you may write to the address above or call (609) 777-1931 from a touch-tone phone. When asked, enter 104, listen to the message about direct deposit, and then give the pensioner's name, social security number, address, and phone number.

POWER OF ATTORNEY

A mentally competent pensioner can grant another person the power to cash the pensioner's pension checks. You can obtain the Power of Attorney form to provide for this from the Division of Pensions and Benefits at the address shown above.

PHYSICAL INCAPACITY

If a pensioner is mentally competent but physically unable to sign their pension check, their "X" mark on the check is acceptable if the signatures of two witnesses appear on the check. The signatures of these witnesses and the pensioner's "X" mark must first be registered with the Division of Pensions and Benefits on a signature card which is available upon request. In addition, a doctor's certificate should accompany the signature card indicating that the pensioner is mentally competent but physically unable to sign the pension check.

INCOMPETENT PENSIONER

If the Division of Pensions and Benefits is notified that a pensioner is incompetent, pension checks will be stopped until a legal guardian, conservator or committee is appointed. A certified copy of the court appointment must be filed with the Division of Pensions and Benefits.

CONFINEMENT IN A STATE INSTITUTION

If an incompetent pensioner is confined to a state institution in New Jersey, in lieu of guardianship, their pension may be continued on court order directing the pension plan to make payment to the Chief Administrative Office of the state institution for the use and care of the retiree during the period of their confinement.